UTILITY **PATENT APPLICATION** TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 245229US2

First Inventor or Application Identifier Takeo SUDA

Title CLEANING MEMBER, PROCESS CARTRIDGE AND IMAGE FORMING APPARATUS

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents 1. Fee Transmittal Form (e.g. PTO/SB/17) Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313 ACCOMPANYING APPLICATION	on 3							
	PARTS							
(Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS							
7. 🗆 Assignment Papers (cover sheet & do	7. Assignment Papers (cover sheet & document(s))							
	8. Application Data Sheet. See 37 CFR 1.76							
9. 37 C.F.R. §3.73(b) Statement (when there is an assignee)	Power of Attorney							
3. ■ Drawing(s) (35 U.S.C. 113) Total Sheets 8 10. ☐ English Translation Document (if app	olicable)							
11. ■ Information Disclosure Statement (IDS)/PTO-1449	Copies of IDS Citations (7)							
4. ☐ Oath or Declaration Total Pages ☐ 12. ☐ Preliminary Amendment	0							
a. Newly executed (original or copy) 13. White Advance Serial No. Postcard	. PT 38 ■							
b. Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) 14. Certified Copy of Priority Documents (if foreign priority is claimed)	(a) U.S. U.S. 120.							
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). Applicant claims small entity status. See 37 CFR 1.27	6834 10/7 ·							
5. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 16. Other: Request for Priority	<u> </u>							
6. U Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)								
a. Computer Readable Form (CRF)								
b. Specification or Sequence Listing on :								
i. CD-ROM or CD-R (2 copies); or	·							
ii. Paper								
c. Statements verifying identity of above copies								
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:								
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:								
Prior application information: Examiner: Group Art Unit:								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
18. CORRESPONDENCE ADDRESS								
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(703) 413-3000 FACSIMILE: (703) 413-2220								
Name: Gregory J. Maier Registration No.: 25,599								
Signature: Polici D. Sanlino Date: 11/14/03								
Name: Edwin D. Garlenn Registration No.: 45 330								



Doeket No.

245229US2

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S)

Takeo SUDA

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

CLEANING MEMBER, PROCESS CARTRIDGE AND IMAGE FORMING APPARATUS

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBE FILED		NUMBER EXTRA		RATE	•	CALCULATIONS
TOTAL CLAIMS	27 - 2	20 =	7	х	\$18	=	\$126.00
INDEPENDENT CLAIMS	4 -	3 =	1	х	\$86	=	\$86.00
☐ MULTIPLE DEPENDENT CLAIMS (If applicable) + \$290 =				\$0.00			
LATE FILING OF DECLARATION			+	\$130	=	\$130.00	
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TOTAL OF ABOVE CALCULATIONS				\$1,112.00			
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY					\$0.00		
☐ FILING IN NON-ENGLISH LANGUAGE		+	\$130	=	\$0.00		
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A duplicate copy of this sheet is enclosed.

A check in the amount of \$1,112.00 to cover the filing fee is enclosed.

☐ Credit card payment form is attached to cover the filing fee in the amount of \$0.00

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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